

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2009**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> SUTTER DELTA MEDICAL CENTER		<b>D Employer identification number</b> 94-1552887
		Doing Business As		<b>E Telephone number</b> (916) 286-6665
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3901 LONE TREE WAY		<b>G Gross receipts \$</b> 166,512,599.
		City or town, state or country, and ZIP + 4 ANTIOCH, CA 94509		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F Name and address of principal officer:</b> GARY RAPAPORT 2700 GATEWAY OAKS DR #200 SACRAMENTO, CA 95833		<b>H(c) Group exemption number</b> ▶		
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> ▶ WWW.SUTTERHEALTH.ORG				
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L Year of formation:</b> 1963 <b>M State of legal domicile:</b> CA				

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	<b>2</b> Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	15	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	11	
	<b>5</b> Total number of employees (Part V, line 2a)	994	
	<b>6</b> Total number of volunteers (estimate if necessary)	68	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	5,867.	
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	2,056.		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	505,035.	336,270.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	154,667,710.	164,193,425.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,949,231.	1,652,389.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	193,092.	99,621.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	157,315,068.	166,281,705.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	9,700.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	73,232,715.	80,807,159.
	<b>16b</b> Total fundraising expenses, Part IX, column (D), line 25) ▶	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	88,095,864.	86,206,196.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	161,328,579.	167,023,055.
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-4,013,511.	-741,350.
	<b>20</b> Total assets (Part X, line 16)	Beginning of Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	108,500,473.	0.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	63,041,224.	0.
		45,459,249.	0.

**Part II Signature Block**

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	
	Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00043433
	Firm's name (or yours if self-employed) ERNST & YOUNG U.S. LLP		EIN	34-6565596
	address, and ZIP + 4 2901 DOUGLAS BLVD., SUITE 300 ROSEVILLE, CA 95661		Phone no.	916-218-1900
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. \*

Form 990 (2009)

**Part III** Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission:  
SEE SCHEDULE O

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.

- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 157,539,506. including grants of \$ 9,700. ) (Revenue \$ 164,193,425. )  
SEE SCHEDULE O

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 157,539,506.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .		X
5 <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .		X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. . . . .		X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. . . . .	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. . . . .		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I . . . . .		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	X	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
25 a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	<input type="checkbox"/>	<input type="checkbox"/>
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .	<b>1a</b> 184	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> 994	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>3a</b> X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b> X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	X
<b>c</b> If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	X
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . . . .	15	
<b>b</b> Enter the number of voting members that are independent . . . . .	11	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	X	
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		X
<b>6</b> Does the organization have members or stockholders? . . . . .	X	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	X	
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .		X
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	X	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	X	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	X	
<b>b</b> Other officers or key employees of the organization . . . . .	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► CALIFORNIA

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► TERESA HO 3012 SUMMIT STREET OAKLAND, CA 94609  
510-869-8284

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTOPHER BECNEL TRUSTEE	2.00	X						0.	0.	0.
MICHAEL DAVIES TRUSTEE	2.00	X						0.	0.	0.
MARY ERBEZ TRUSTEE	2.00	X						0.	0.	0.
PETER GARCIA TRUSTEE	2.00	X						0.	0.	0.
DON GIACOMINI CHAIR/TRUSTEE	4.00	X		X				0.	0.	0.
BOBBY GLICKMAN MD VICE CHIEF OF STAFF	2.00	X						21,347.	0.	0.
WALAINA HANKINS TRUSTEE	2.00	X						0.	0.	0.
ROGER HENRY SECRETARY/TREASURER/TRUSTEE	2.00	X		X				0.	0.	0.
SARAH KREVANS REG. PRES., SAC SIERRA REGION	40.00	X						0.	1,242,960.	777,698.
BECKY MANNING VICE CHAIR/TRUSTEE	2.00	X		X				0.	0.	0.
GURUNATH RAJAPURAM MD CHIEF OF STAFF/TRUSTEE	2.00	X						56,747.	0.	0.
GARY RAPAPORT CEO SUTTER DELTA MEDICAL CTR	40.00	X		X				0.	410,924.	239,615.
RYAN TRACY MD CHIEF OF STAFF/TRUSTEE	2.00	X						0.	0.	0.
SCOTT WADA MD TRUSTEE	2.00	X						0.	0.	0.
JIM WANGEMAN TRUSTEE	2.00	X						0.	0.	0.
JULIE PETERSON CFO SUTTER DELTA MED CENTER	40.00			X				0.	193,133.	62,916.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ED BERDICK REGIONAL PRES., EAST BAY	40.00				X			0.	1,197,368.	870,225.
CHRISTINE GREEN ADMIN DIR., HR	40.00				X			0.	159,627.	51,153.
SUSAN BUMATAY PATIENT CARE EXECUTIVE	40.00				X			0.	225,802.	77,202.
SUSAN SCHULER CRNA	40.00					X		252,005.	0.	38,983.
STEVEN BILLS CRNA	40.00					X		256,755.	0.	32,363.
EARLENE XAVIER CHARGE NURSE	40.00					X		254,383.	0.	22,118.
BONNIE MORGAN CHARGE NURSE	40.00					X		227,033.	0.	42,221.
MANDIE YUNG NURSE-STAFF II	40.00					X		222,425.	0.	34,754.
<b>1b Total</b>								1,290,695.	3,429,814.	2,249,248.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **171**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **46**

**Part VIII Statement of Revenue**

94-1552887

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	221,259.			
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	9,741.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	105,270.			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		336,270.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>	PATIENT SERVICE REVENUE	900099	164,193,425.	164,193,425.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		164,193,425.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		1,648,389.			1,648,389.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . .					
	<b>5</b>	Royalties . . . . .					
			(i) Real (ii) Personal				
	<b>6a</b>	Gross Rents. . . . .	324,648.				
	<b>b</b>	Less: rental expenses . . . . .	230,894.				
	<b>c</b>	Rental income or (loss) . . . . .	93,754.				
	<b>d</b>	Net rental income or (loss) . . . . .		93,754.			93,754.
			(i) Securities (ii) Other				
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .		4,000.			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .		4,000.			
	<b>d</b>	Net gain or (loss) . . . . .		4,000.			4,000.
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from gaming activities . . . . .					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>	UBI - LABORATORY	621500	5,867.		5,867.		
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		5,867.				
<b>12</b>	<b>Total Revenue.</b> See instructions . . . . .		166,281,705.	164,193,425.	5,867.	1,746,143.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	9,700.	9,700.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0.	0.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.	0.		
4 Benefits paid to or for members . . . . .	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees . . . . .	907,953.	0.	907,953.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . .	0.	0.	0.	0.
7 Other salaries and wages . . . . .	50,850,981.	49,516,388.	1,334,593.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	3,533,844.	3,380,734.	153,110.	0.
9 Other employee benefits . . . . .	25,514,381.	24,918,308.	596,073.	0.
10 Payroll taxes . . . . .	0.	0.	0.	0.
11 Fees for services (non-employees):				
a Management . . . . .	112,233.	47,781.	64,452.	0.
b Legal . . . . .	385,022.	173,736.	211,286.	0.
c Accounting . . . . .	38,340.	27,133.	11,207.	0.
d Lobbying . . . . .	0.	0.	0.	0.
e Professional fundraising services. See Part IV, line 17	0.			0.
f Investment management fees . . . . .	140,614.	0.	140,614.	0.
g Other . . . . .	0.	0.	0.	0.
12 Advertising and promotion . . . . .	305,658.	305,658.	0.	0.
13 Office expenses . . . . .	14,628,708.	14,549,235.	79,473.	0.
14 Information technology . . . . .	2,607,259.	2,174,534.	432,725.	0.
15 Royalties . . . . .	0.	0.	0.	0.
16 Occupancy . . . . .	0.	0.	0.	0.
17 Travel . . . . .	46,412.	23,351.	23,061.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19 Conferences, conventions, and meetings . . . .	55,244.	50,105.	5,139.	0.
20 Interest . . . . .	1,832,756.	1,832,756.	0.	0.
21 Payments to affiliates . . . . .	0.	0.	0.	0.
22 Depreciation, depletion, and amortization . . . .	6,818,465.	6,379,515.	438,950.	0.
23 Insurance . . . . .	1,510,464.	1,510,464.	0.	0.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BAD DEBT	27,856,441.	27,856,441.		0.
b PURCHASED SERVICES	11,218,933.	11,023,876.	195,057.	0.
c PROFESS FEES - PHYS&OTHER	5,598,922.	3,956,874.	1,642,048.	0.
d REGISTRY-MED PROFESSIONALS	5,598,387.	5,413,752.	184,635.	0.
e REGIONAL & SYS ALLOC	3,182,698.	600,285.	2,582,413.	0.
f All other expenses	4,269,640.	3,788,880.	480,760.	0.
25 Total functional expenses. Add lines 1 through 24f	167,023,055.	157,539,506.	9,483,549.	0.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,462,574.	2	0.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	20,238,927.	4	0.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	886,102.	8	0.
	9 Prepaid expenses and deferred charges	269,403.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0.		
	b Less: accumulated depreciation	10b 0.	62,842,341.	10c 0.
	11 Investments - publicly traded securities	21,618,337.	11	0.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,182,789.	15	0.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	108,500,473.	16	0.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	13,687,492.	17	0.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	48,100,418.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	1,253,314.	25	0.
	26 <b>Total liabilities.</b> Add lines 17 through 25	63,041,224.	26	0.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	45,459,249.	27	0.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	45,459,249.	33	0.
34 <b>Total liabilities and net assets/fund balances</b>	108,500,473.	34	0.	

Form 990 (2009)

**Part XI Financial Statements and Reporting**

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		
<b>3b</b>		

Form **990** (2009)



**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33 1/3 % support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>33 1/3 % support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1 through 5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b . . . . .						
8 Public support (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 . . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	%
19a 33 1/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ►		<input type="checkbox"/>
b 33 1/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ►		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►		<input type="checkbox"/>

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**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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# Schedule B

Redacted

**SCHEDULE H**  
**(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.

► Attach to Form 990.

► See separate instructions.

Name of the organization

SUTTER DELTA MEDICAL CENTER

Employer identification number

94-1552887

**Part I Charity Care and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Does the organization have a charity care policy? If "No," skip to question 6a	X	
<b>1b</b> If "Yes," is it a written policy?	X	
<b>2</b> If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals.		
<input type="checkbox"/> Applied uniformly to all hospitals		
<input type="checkbox"/> Generally tailored to individual hospitals		
<input type="checkbox"/> Applied uniformly to most hospitals		
<b>3</b> Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.		
<b>a</b> Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care:	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
<b>b</b> Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care:	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
<b>c</b> If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
<b>4</b> Does the organization's policy provide free or discounted care to the "medically indigent"?	X	
<b>5a</b> Does the organization budget amounts for free or discounted care provided under its charity care policy?	X	
<b>b</b> If "Yes," did the organization's charity care expenses exceed the budgeted amount?		X
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
<b>6a</b> Does the organization prepare an annual community benefit report?	X	
<b>b</b> If "Yes," does the organization make it available to the public?	X	

**7 Charity Care and Certain Other Community Benefits at Cost**

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Charity care at cost (from Worksheets 1 and 2)			4,070,284.		4,070,284.	2.92
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a)			30,086,685.	19,809,597.	10,277,088.	7.38
<b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
<b>d</b> Total Charity Care and Means-Tested Government Programs			34,156,969.	19,809,597.	14,347,372.	10.30
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			537,261.		537,261.	.39
<b>f</b> Health professions education (from Worksheet 5)			654,564.		654,564.	.47
<b>g</b> Subsidized health services (from Worksheet 6)			1,877,571.	70,903.	1,806,668.	1.30
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8)			112,867.		112,867.	.08
<b>j</b> Total, Other Benefits			3,182,263.	70,903.	3,111,360.	2.24
<b>k</b> Total. Add lines 7d and 7j			37,339,232.	19,880,500.	17,458,732.	12.54

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2009

JSA

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SUTTER

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			1,350.		1,350.	
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members			14,244.		14,244.	
6 Coalition building			18,444.		18,444.	
7 Community health improvement advocacy						
8 Workforce development			7,938.		7,938.	
9 Other						
10 Total			41,976.		41,976.	

**Part III Bad Debt, Medicare, & Collection Practices****Section A. Bad Debt Expense**

- 1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .
- 2 Enter the amount of the organization's bad debt expense (at cost) . . . . .
- 3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy . . . . .
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.

	Yes	No
1		X
2		
3		
4		
5		
6		
7		
8		
9a	X	
9b	X	

**Section B. Medicare**

- 5 Enter total revenue received from Medicare (including DSH and IME) . . . . .
- 6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .
- 7 Subtract line 6 from line 5. This is the surplus or (shortfall) . . . . .
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

**Section C. Collection Practices**

- 9a Does the organization have a written debt collection policy? . . . . .
- b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI. . . . .

**Part IV Management Companies and Joint Ventures**

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				



**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART III, LINE 3

THE ORGANIZATION MAKES EVERY EFFORT TO QUALIFY THOSE ELIGIBLE FOR CHARITY CARE. IF A PATIENT HAS APPLIED FOR CHARITY CARE, HAS BEEN APPROVED TO RECEIVE CHARITY CARE, OR IS COOPERATING WITH THE HOSPITAL'S EFFORTS TO SETTLE AN OUTSTANDING BILL WITHIN A REASONABLE TIME PERIOD, THE HOSPITAL WILL NOT PURSUE COLLECTIONS.

PART III, LINE 7

MEDICARE COST REPORTS THAT THE ORGANIZATION FILES DO NOT INCLUDE ALL OF THE COSTS REQUIRED TO TREAT MEDICARE PATIENTS. THEREFORE THE AMOUNT REFLECTED ON THE COST REPORT WILL LIKELY DIFFER FROM ACTUAL COSTS WHICH MAY BE REFLECTED IN THE COMMUNITY BENEFIT REPORT AND ON THIS FORM.

PART I, LINE 3C:

TO BE ELIGIBLE FOR FREE CARE THE ORGANIZATION USES THE FEDERAL POVERTY GUIDELINES (FPG) FOR FAMILY INCOMES THAT ARE AT OR BELOW 200% OF FPG. PARTIAL WRITE-OFF OF THE HOSPITAL'S UNDISCOUNTED CHARGES APPLIES TO UNINSURED PATIENTS THAT WHOSE FAMILY INCOMES ARE BETWEEN

**Part VI Supplemental Information**

Complete this part to provide the following information.

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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

201% AND 400%. IN ADDITION, THE FOLLOWING DISCOUNTS APPLY TO

UNINSURED PATIENTS:

\* SPECIAL CIRCUMSTANCES CHARITY CARE: FOR UNINSURED PATIENTS WHO DO NOT MEET THE FINANCIAL ASSISTANCE CRITERIA SET FORTH BY THE ORGANIZATION, A COMPLETE OR PARTIAL WRITE-OFF IN CIRCUMSTANCES INCLUDING BUT NOT LIMITED TO BANKRUPTCY, HOMELESSNESS, DECEASED, ELIGIBLE FOR MEDICARE/MEDI-CAL, OR IF A COLLECTION AGENCY IDENTIFIES A PATIENT MEETING THE ORGANIZATION'S CHARITY CARE ELIGIBILITY CRITERIA.

\* CATASTROPHIC CHARITY CARE: PARTIAL WRITE-OFF WHEN THE FINANCIAL RESPONSIBILITY EXCEEDS 30% OF THE PATIENT'S FAMILY INCOME. PATIENTS THAT MEET THE CRITERIA WILL RECEIVE A FULL WRITE-OFF OF UNDISCOUNTED CHARGES THAT EXCEED 30% OF THEIR FAMILY INCOME.

\* HIGH MEDICAL COST CHARITY CARE (FOR INSURED PATIENTS): PARTIAL WRITE-OFF OF THE HOSPITAL'S UNDISCOUNTED CHARGES FOR PATIENTS WHOSE FAMILY INCOME IS LESS THAN 350% OF FPG, MEDICAL EXPENSES EXCEED 10%

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

OF THE PATIENT'S FAMILY INCOME, AND THE PATIENT'S INSURE HAS NOT

PROVIDED A DISCOUNT.

\* UNINSURED PATIENT DISCOUNT: A WRITE-OFF OF A PORTION OF COVERED

SERVICES NO GREATER THAT THE CURRENT AVERAGE COMMERCIAL

FEE-FOR-SERVICE DISCOUNT WITH MANAGED CARE PAYERS FOR PATIENTS WHOSE

BENEFITS UNDER INSURANCE OR A GOVERNMENT PROGRAM HAVE BEEN EXHAUSTED

PRIOR TO ADMISSION.

\* PROMPT PAYMENT DISCOUNT: PARTIAL WRITE-OFF AVAILABLE TO UNINSURED

PATIENTS WHO PAY PROMPTLY, CONSISTING OF AT LEAST A 10% DISCOUNT FOR

THOSE WHO PAY WITHIN 30 DAYS OF FINAL BILLING, OR A 20% DISCOUNT IF

50% OF THE ESTIMATED BILL IS PAID PRIOR TO DISCHARGE.

**PART I, LINE 7:**

THE ORGANIZATION'S TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25,

COLUMN (A) WAS \$167,023,055. THE BAD DEBT EXPENSE INCLUDED IN THIS

AMOUNT WAS \$27,856,441. THIS LEFT A TOTAL EXPENSE OF \$139,166,614

FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F).

**Part VI Supplemental Information**

Complete this part to provide the following information.

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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**PART III, LINE 4:****1. AUDIT FOOTNOTE**

THE ORGANIZATION IS AN AFFILIATE OF SUTTER HEALTH WHICH UNDERWENT A  
SYSTEM-WIDE AUDIT. THE AUDIT REPORT DOES NOT INCLUDE A BAD DEBT  
EXPENSE FOOTNOTE. PROVISION FOR BAD DEBTS IS LISTED ON A SEPARATE  
LINE ITEM IN THE FINANCIAL STATEMENTS. THE AUDIT DOES INCLUDE  
FOOTNOTES FOR PATIENT ACCOUNTS RECEIVABLE AND PATIENT SERVICE  
REVENUES LISTED BELOW.

PATIENT ACCOUNTS RECEIVABLE AUDIT FOOTNOTE: SUTTER'S PRIMARY  
CONCENTRATION OF CREDIT RISK IS PATIENT ACCOUNTS RECEIVABLE, WHICH  
CONSIST OF AMOUNTS OWED BY VARIOUS GOVERNMENTAL AGENCIES, INSURANCE  
COMPANIES AND PRIVATE PATIENTS. SUTTER MANAGES THE RECEIVABLES BY  
REGULARLY REVIEWING ITS PATIENT ACCOUNTS AND CONTRACTS AND BY  
PROVIDING APPROPRIATE ALLOWANCES FOR UNCOLLECTIBLE AMOUNTS.  
SIGNIFICANT CONCENTRATIONS OF GROSS PATIENT ACCOUNTS RECEIVABLE ARE  
AS FOLLOWS:

MEDICARE	27% AS OF 12/31/09	28% AS OF 12/31/08
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**Part VI Supplemental Information**

Complete this part to provide the following information.

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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

MEDI-CAL 20% AS OF 12/31/09 19% AS OF 12/31/08

DURING 2009 AND 2008, CERTAIN AFFILIATES COLLECTED ON ACCOUNTS THAT

WERE PREVIOUSLY DEEMED UNCOLLECTIBLE AND RESERVED. SUCH RECOVERIES

ARE RECOGNIZED IN THE PERIOD THAT CASH IS RECEIVED AND WERE NOT

MATERIAL. DUE TO THE INHERENT VARIABILITY IN THIS AREA OF PATIENT

RECEIVABLE COLLECTIONS, THERE IS AT LEAST A REASONABLE POSSIBILITY

THAT RECORDED ESTIMATES WILL CHANGE BY A MATERIAL AMOUNT IN THE NEAR

TERM.

PATIENT SERVICE REVENUES FOOTNOTE: PATIENT SERVICE REVENUES ARE

REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS,

THIRD-PARTY PAYORS AND OTHERS FOR SERVICES RENDERED, INCLUDING

ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT PROGRAMS WITH

THIRD-PARTY PAYORS. ESTIMATED SETTLEMENTS UNDER THIRD-PARTY

REIMBURSEMENT PROGRAMS ARE ACCRUED IN THE PERIOD THE RELATED SERVICES

ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, PRIMARILY AS A RESULT OF

FINAL COST REPORT SETTLEMENTS WITH GOVERNMENTAL AGENCIES.

**Part VI Supplemental information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

2. METHODOLOGY FOR CALCULATING BAD DEBT (AT COST)

THE RATIO OF PATIENT CARE COST TO CHARGES IS APPLIED TO THE BAD DEBT

ATTRIBUTABLE TO PATIENT ACCOUNTS TO CALCULATE THE ESTIMATED COST OF

BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS THAT IS REPORTED ON LINE 2.

DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED AS AN

ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE.

3. METHODOLOGY FOR DETERMINING THE AMOUNT OF BAD DEBT LIKELY

ATTRIBUTABLE TO CHARITY CARE

AMOUNTS MAY BE INCLUDED IN BAD DEBT PENDING A CHARITY CARE

DETERMINATION. UPON ELIGIBILITY THESE AMOUNTS WOULD BE RECLASSIFIED

AS CHARITY CARE.

PART III, LINE 8:

COSTING METHODOLOGY

MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST TO CHARGE

RATIO.

COMMUNITY BENEFIT MEDICARE SHORTFALL

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO  
 THE ELDERLY AND MEDICARE PATIENTS. CARING FOR MEDICARE PATIENTS  
 FULFILLS A COMMUNITY NEED AND RELIEVES A GOVERNMENT BURDEN AS THESE  
 PATIENTS TYPICALLY HAVE LOW AND/OR FIXED INCOMES. MEDICARE DOES NOT  
 PROVIDE SUFFICIENT REIMBURSEMENT TO COVER THE COST OF PROVIDING CARE  
 FOR THESE PATIENTS FORCING THE HOSPITAL TO USE OTHER FUNDS TO COVER  
 THE DEFICIT OF \$2,883,834.

**PART III, LINE 9B:**

COLLECTION PRACTICES ARE CONSISTENT FOR ALL PATIENTS AND COMPLY WITH  
 APPLICABLE PROVISIONS OF CALIFORNIA LAW. DURING PREADMISSION OR  
 REGISTRATION, THE HOSPITAL PROVIDES ALL PATIENTS WITH INFORMATION  
 REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE. AN UNINSURED  
 PATIENT WHO INDICATES THE FINANCIAL INABILITY TO PAY A BILL IS  
 EVALUATED FOR FINANCIAL ASSISTANCE. PATIENTS WILL BE GIVEN AN  
 APPLICATION WHICH WILL DOCUMENT THE PATIENT'S OVERALL FINANCIAL  
 SITUATION. IF AN UNINSURED PATIENT DOES NOT COMPLETE THE APPLICATION  
 FORM WITHIN 30 DAYS OF DELIVERY, THE HOSPITAL WILL NOTIFY THE PATIENT

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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-----  
 THAT THE APPLICATION HAS NOT BEEN RECEIVED AND WILL PROVIDE THE

-----  
 PATIENT AN ADDITIONAL 30 DAYS TO COMPLETE THE APPLICATION.  
 -----

-----  
 IF A PATIENT HAS APPLIED FOR CHARITY CARE, HAS BEEN APPROVED TO

-----  
 RECEIVE CHARITY CARE, OR IS COOPERATING WITH THE HOSPITAL'S EFFORTS

-----  
 TO SETTLE AN OUTSTANDING BILL WITHIN A REASONABLE TIME PERIOD, THE

-----  
 HOSPITAL WILL NOT PURSUE COLLECTIONS.  
 -----

-----  
**NEEDS ASSESSMENT:**  
 -----

-----  
 IN COLLABORATION WITH THE HOSPITAL COUNCIL OF NORTHERN CALIFORNIA,

-----  
 CONTRA COSTA COUNTY, JOHN MUIR HOSPITAL, AND KAISER, SUTTER DELTA

-----  
 MEDICAL CENTER (SDMC) ASSISTS IN GATHERING AND COMPILING DATA FROM

-----  
 HEALTH SOURCES, HOSPITAL RECORDS, AND FOCUS GROUPS. THE REPORT

-----  
 COVERS THE COMMUNITY HEALTH NEEDS FOR THE ENTIRE COUNTY WITH SPECIFIC

-----  
 INFORMATION ABOUT SUTTER DELTA'S GEOGRAPHIC COMMUNITY. THIS PROCESS

-----  
 TAKES PLACE EVERY THREE YEARS. THE MOST RECENT REPORT WAS COMPLETED

-----  
 IN 2007 AND IS AVAILABLE ON-LINE AT

-----  
 WWW.HOSPITALCOUNCIL.NET/UPLOAD/2007 CONTRACOSTA HEALTH INDICATORS V1.P

-----  
 DF. SUTTER DELTA MEDICAL CENTER USES INFORMATION FROM THIS  
 -----

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
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ASSESSMENT TO SET PRIORITIES FOR ITS COMMUNITY BENEFIT PROGRAMS.

**PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:**

SDMC FOLLOWS A SUTTER HEALTH SYSTEMWIDE CHARITY CARE POLICY, WHICH  
INCLUDES THE FOLLOWING DETAILS OF HOW PATIENT EDUCATION FOR  
ELIGIBILITY ASSISTANCE.

**COMMUNICATION OF FINANCIAL ASSISTANCE AVAILABILITY**

**A. INFORMATION PROVIDED TO PATIENTS:**

1. PREADMISSION OR REGISTRATION: DURING PREADMISSION OR REGISTRATION  
(OR AS SOON THEREAFTER AS PRACTICABLE) HOSPITAL AFFILIATES SHALL  
PROVIDE:

A. ALL PATIENTS WITH INFORMATION REGARDING THE AVAILABILITY OF  
FINANCIAL ASSISTANCE AND THEIR RIGHT TO REQUEST AN ESTIMATE OF THEIR  
FINANCIAL RESPONSIBILITY FOR SERVICES (IMPORTANT BILLING INFORMATION  
FOR UNINSURED PATIENTS).

B. PATIENTS WHO THE HOSPITAL IDENTIFIES MAY BE UNINSURED WITH A  
FINANCIAL ASSISTANCE APPLICATION SUBSTANTIALLY SIMILAR TO THE SUTTER  
HEALTH STANDARDIZED FINANCIAL ASSISTANCE APPLICATION, "STATEMENT OF

**Part VI Supplemental Information**

Complete this part to provide the following information.

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- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
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- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

FINANCIAL CONDITION".

2. EMERGENCY SERVICES. IN THE CASE OF EMERGENCY SERVICES, HOSPITAL

AFFILIATES SHALL PROVIDE THE ABOVE INFORMATION AS SOON AS PRACTICABLE

AFTER STABILIZATION OF THE PATIENT'S EMERGENCY MEDICAL CONDITION OR

UPON DISCHARGE.

3. ALL OTHER TIMES: UPON REQUEST, HOSPITAL AFFILIATES SHALL PROVIDE

PATIENTS WITH INFORMATION ABOUT THEIR RIGHT TO REQUEST AN ESTIMATE OF

THEIR FINANCIAL RESPONSIBILITY FOR SERVICES, THE SUTTER HEALTH

STANDARDIZED FINANCIAL ASSISTANCE APPLICATION FORM, "STATEMENT OF

FINANCIAL CONDITION".

B. POSTINGS AND OTHER NOTICES:

INFORMATION ABOUT FINANCIAL ASSISTANCE SHALL ALSO BE PROVIDED AS

FOLLOWS:

1. BY POSTING NOTICES IN A VISIBLE MANNER IN LOCATIONS WHERE THERE IS

A HIGH VOLUME OF INPATIENT OR OUTPATIENT ADMITTING/REGISTRATION,

INCLUDING BUT NOT LIMITED TO THE EMERGENCY DEPARTMENT, BILLING

OFFICES, ADMITTING OFFICE, AND OTHER HOSPITAL OUTPATIENT SERVICE

SETTINGS.

**Part VI Supplemental Information**

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2. BY POSTING INFORMATION ABOUT FINANCIAL ASSISTANCE ON THE SUTTER

HEALTH WEBSITE AND EACH HOSPITAL AFFILIATE WEBSITE, IF ANY.

3. BY INCLUDING INFORMATION ABOUT FINANCIAL ASSISTANCE IN BILLS THAT  
ARE SENT TO UNINSURED PATIENTS.

4. BY INCLUDING LANGUAGE ON BILLS SENT TO UNINSURED PATIENTS AS  
SPECIFICALLY SET FORTH IN THE MANAGEMENT OF PATIENT ACCOUNTS  
RECEIVABLE, COLLECTION PRACTICES, HOSPITAL AFFILIATE THIRD-PARTY  
LIENS, AND AFFILIATE DISPUTE INITIATION POLICY (FINANCE POLICY  
14-227).

C. APPLICATIONS PROVIDED AT DISCHARGE:

IF NOT PREVIOUSLY PROVIDED, HOSPITAL AFFILIATES SHALL PROVIDE  
UNINSURED PATIENTS WITH APPLICATIONS FOR MEDI-CAL, HEALTHY FAMILIES,  
CALIFORNIA CHILDREN'S SERVICES, OR ANY OTHER POTENTIALLY APPLICABLE  
GOVERNMENT PROGRAM AT THE TIME OF DISCHARGE.

D. LANGUAGES:

ALL NOTICES/COMMUNICATIONS PROVIDED IN THIS SECTION SHALL BE  
AVAILABLE IN THE PRIMARY LANGUAGE(S) OF THE AFFILIATE'S SERVICE AREA

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AND IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE LAWS

AND REGULATIONS.

**E. NOTIFICATION TO UNINSURED PATIENTS OF ESTIMATED FINANCIAL**

**RESPONSIBILITY:**

BY LAW, UNINSURED PATIENTS ARE ENTITLED TO RECEIVE AN ESTIMATE OF

THEIR FINANCIAL RESPONSIBILITY FOR HOSPITAL SERVICES. EXCEPT IN THE

CASE OF EMERGENCY SERVICES, HOSPITAL AFFILIATES SHALL NOTIFY PATIENTS

WHO THE HOSPITAL IDENTIFIES MAY BE UNINSURED PATIENTS THAT THEY MAY

OBTAIN AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR HOSPITAL

SERVICES, AND PROVIDE ESTIMATES TO THOSE PATIENTS UPON REQUEST.

ESTIMATES SHALL BE WRITTEN, AND BE PROVIDED DURING NORMAL BUSINESS

HOURS. ESTIMATES SHALL PROVIDE THE PATIENT WITH AN ESTIMATE OF THE

AMOUNT THE HOSPITAL AFFILIATE WILL REQUIRE THE PATIENT TO PAY FOR THE

HEALTH CARE SERVICES, PROCEDURES, AND SUPPLIES THAT ARE REASONABLY

EXPECTED TO BE PROVIDED TO THE PATIENT BY THE HOSPITAL, BASED UPON

THE AVERAGE LENGTH OF STAY AND SERVICES PROVIDED FOR THE PATIENT'S

DIAGNOSIS.

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**COMMUNITY INFORMATION:**

EAST CONTRA COSTA COUNTY INCLUDES PITTSBURG, BAY POINT, ANTIOCH,

OAKLEY, BRENTWOOD, KNIGHTSEN, BYRON, DISCOVERY BAY, AND BETHEL

ISLAND. THE MOST RECENT POPULATION ESTIMATE IS APPROXIMATELY 270,000

WITH SOME COMMUNITIES EXPERIENCING A SUDDEN LARGE INCREASE IN

POPULATION A FEW YEARS AGO AND TODAY SOME EXPERIENCING A DECREASE DUE

TO THE COLLAPSE OF THE HOUSING MARKET. OVER THE PAST TWENTY YEARS,

THE AREA'S ECONOMIC BASE HAS CHANGED FROM FARMING AND INDUSTRY TO

SUBURBAN HOUSING AND RETAIL BUSINESS. THUS, THERE HAS BEEN A

SIGNIFICANT NEGATIVE IMPACT ON GOVERNMENT SERVICES, INCLUDING

HEALTHCARE, DISTRIBUTING THAT BURDEN ONTO THE PRIVATE SECTOR.

EACH CITY HAS HAD A DISTINCT ETHNIC DISTRIBUTION AND THAT HAS BEEN

CHANGING IN RECENT YEARS. TODAY A LARGER HISPANIC COMMUNITY CAN BE

SEEN IN ALMOST ALL CITIES.

SOME KEY HEALTH INDICATORS HAD LED TO SDMC ESTABLISHING FOUR HEALTH

PRIORITIES FOR ITS COMMUNITY BENEFIT PROGRAMS:

CANCER: THE BREAST CANCER DEATH RATE IS HIGHER THAN THE 2010 HEALTHY

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PEOPLE GOAL AND AFRICAN AMERICANS DO NOT ACCESS BREAST CANCER

SCREENING SERVICES.

CARDIAC/DIABETES: THERE IS A HIGHER DEATH RATE TO CHRONIC HEART

CONDITIONS AND DIABETES. ACCESS TO PRIMARY CARE FOR PEOPLE WITH

THESE CONDITIONS AGES 45 TO 64 HAS DECLINED.

CHILDREN: BIRTHRATES TO TEENS, USE OF PRENATAL CARE, AND FETAL DEATH

RATES (FOR AFRICAN AMERICANS) ARE HIGHER IN EAST COUNTY THAN OTHER

PARTS OF THE COUNTY AND DO NOT MEET THE HEALTHY PEOPLE 2010 GOAL.

THERE IS A DISPROPORTIONAL NUMBER OF FOSTER PLACEMENTS OF INFANTS

FROM ANTIOCH AND A HIGHER NUMBER OF FOSTER HOMES FOR CHILDREN OF ALL

AGES IN BRENTWOOD.

**COMMUNITY BUILDING ACTIVITIES:**

- ECONOMIC DEVELOPMENT

- LEADERSHIP DEVELOPMENT/TRAINING FOR COMMUNITY

- COALITION BUILDING

- WORKFORCE DEVELOPMENT

OBJECTIVE: UNINSURED EAST COUNTY RESIDENTS MAINTAIN OPTIMAL HEALTH

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EAST COUNTY HEALTHCARE ORGANIZATIONS CEO GROUP / EAST COUNTY ACCESS

ACTION TEAM

WORKING IN TWO GROUPS, ONE AT THE POLICY LEVEL, THE OTHER

OPERATIONAL, HEALTHCARE LEADERS IDENTIFY, ANALYZE AND DEVISE

STRATEGIES FOR ADDRESSING BARRIERS TO ACCESS OF HEALTHCARE. A

DECLINING ECONOMY, ACCESS TO HEALTH INSURANCE, AND RESULTING DECLINE

IN OVERALL HEALTH OF RESIDENTS OF EAST COUNTY HAVE PRESENTED

CHALLENGES TO GOVERNMENT AND NONPROFIT HEALTHCARE PROVIDERS. ECAAT

GATHERS DATA AND PRESENTS RECOMMENDATIONS FOR POLICIES. WITH THE

APPROVAL OF THE CEO'S, ECAAT NEGOTIATES PROCEDURAL CHANGES IN THE

ACCESS AND DELIVERY SYSTEM. ECAAT DESIGNS AND IMPLEMENTS

INTER-AGENCY PROGRAMS THAT INCREASE ACCESS TO HEALTHCARE ALONG A

CONTINUUM OF CARE WITH EACH AGENCY'S ROLE CLEARLY IDENTIFIED.

RESULTS: CHANGES IN COUNTY POLICY REGARDING ENROLLMENT ELIGIBILITY,

A PUBLIC INFORMATION CAMPAIGN, IMPROVEMENT IN COORDINATION OF CLINIC

SERVICES AND SPECIALTY CARE HAVE HELPED EAST COUNTY MAINTAIN A

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HEALTHCARE SYSTEM IN SPITE OF SEVERE ECONOMIC CONDITIONS.

MATRIX

CONCLUDING IN EARLY 2009, THIS YEAR-LONG PROGRAM PROVIDED A SERIES OF

WORKSHOPS, EXECUTIVE COACHING AND TECHNICAL ASSISTANCE FOR INDIVIDUAL

ORGANIZATIONS FOR SMALL, LOCAL NONPROFIT ORGANIZATIONS. BY

STRENGTHENING THE CAPACITY OF THESE ORGANIZATIONS, SDMC HELPED TO

BUILD LOCAL LEADERSHIP AND BROADEN THE HEALTH AND SOCIAL SERVICE

RESOURCES AVAILABLE IN EAST CONTRA COSTA COUNTY. WHEN LOW-INCOME

PEOPLE FACING COMPLICATED HEALTH AND SOCIAL SITUATIONS ARE ABLE TO

ACCESS SUPPORT FROM LOCAL NONPROFITS, THEY ARE BETTER PREPARED TO

MANAGE THEIR OWN HEALTH AS WELL AS OTHER ASPECTS OF THEIR LIVES.

RESULTS: NONPROFIT ORGANIZATIONS ARE ABLE TO SERVE MORE PEOPLE AND

GET BETTER RESULTS.

OBJECTIVE: EARLY DETECTION OF BREAST CANCER LEADS TO SURVIVAL OF EAST

COUNTY RESIDENTS

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SAVE A LIFE SISTER

IN 2009, SAVE A LIFE SISTER BROADENED ITS OUTREACH BY INVOLVING

COMMUNITY LEADERS IN BRINGING CANCER SCREENING AND DETECTION SERVICES

TO WOMEN OF COLOR. SDMC HAS PROVIDED FREE MAMMOGRAPHY FOR 16 YEARS

AND A FULL RANGE OF BREAST CANCER SCREENING AND DETECTION FOR THE

PAST TWO YEARS. THE NUMBER OF WOMEN SERVED BY THIS PROGRAM HAS NOT

BEEN PROPORTIONAL TO THE POPULATION. IN 2009, THE PROGRAM ENGAGED

LEADERS FROM THE HISPANIC AND AFRICAN AMERICAN COMMUNITIES TO DESIGN

MATERIALS AND CONDUCT OUTREACH APPROPRIATE TO THOSE COMMUNITIES.

RESULTS: THE NUMBER OF HISPANIC AND AFRICAN AMERICAN WOMEN RECEIVING

SCREENING AND DETECTION SERVICES INCREASED. (NONE WERE FOUND TO HAVE

BREAST CANCER.)

**OTHER INFORMATION:**

SUTTER HEALTH'S MISSION READS:

WE ENHANCE THE WELL-BEING OF THE PEOPLE IN THE COMMUNITIES WE SERVE,

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THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN  
HEALTH CARE SERVICES.

SUTTER HEALTH'S MISSION REACHES BEYOND THE WALLS OF OUR CARE  
FACILITIES. OUR AFFILIATES FURTHER THEIR TAX EXEMPT PURPOSE BY:

- BUILDING RELATIONSHIPS OF TRUST THROUGH WORKING COLLABORATIVELY  
WITH COMMUNITY GROUPS, SCHOOLS AND GOVERNMENT ORGANIZATIONS TO  
EFFECTIVELY LEVERAGE RESOURCES AND ADDRESS IDENTIFIED COMMUNITY  
NEEDS

- SUPPORTING NONPROFIT ORGANIZATIONS THAT ARE COMMITTED TO COMMUNITY  
HEALTH IMPROVEMENT THROUGH FINANCIAL INVESTMENTS, IN-KIND SERVICES  
AND EMPLOYEE VOLUNTEERISM

- PROVIDING GENEROUS CHARITY CARE POLICIES FOR OUR MOST VULNERABLE  
COMMUNITY MEMBERS

EXAMPLES OF SDMC SPECIFIC ACTIVITIES INCLUDE:

SUTTER DELTA MEDICAL CENTER AND DELTA MEMORIAL HOSPITAL FOUNDATION  
BOARDS OF TRUSTEES ARE BOTH COMPRISED OF COMMUNITY LEADERS WHO RESIDE  
IN EAST COUNTY. THE FOUNDATION BOARD ALSO SERVES AS A COMMUNITY

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ADVISORY COUNCIL FOR COMMUNITY BENEFIT PROGRAMS. ALL PHILANTHROPY

FROM BOTH ORGANIZATIONS IS GUIDED BY FOUR HEALTH PRIORITIES

DETERMINED THROUGH A TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT.

THE DIRECTOR OF PHILANTHROPY AND COMMUNITY BENEFIT OVERSEES ALL

PHILANTHROPY AND ALL COMMUNITY BENEFIT PROGRAMS, INCLUDING A CLINIC

FOR UNINSURED RESIDENTS OF EAST COUNTY.

IN ADDITION TO THESE BOARDS, COMMUNITY ADVISORY GROUPS ARE CONVENED

FOR SPECIFIC HEALTH ISSUES. IN 2009, SDMC CONVENED PROVIDERS OF

BREAST CANCER PROGRAMS TO CLARIFY THE CONTINUUM OF CARE FOR UNINSURED

PEOPLE. SAVE A LIFE SISTER GATHERED COMMUNITY LEADERS TO IMPROVE

OUTREACH TO HISPANIC AND AFRICAN AMERICAN WOMEN. VARIOUS MEETINGS

WERE HELD TO GATHER FEEDBACK AND TO ENGAGE THE COMMUNITY AROUND

HEALTH ACCESS IN GENERAL AND ITS OWN CLINIC IN PARTICULAR.

THROUGH EAST COUNTY HEALTHCARE ORGANIZATION CEO GROUP, SDMC WORKS

WITH CONTRA COSTA COUNTY, JOHN MUIR, KAISER, AND OTHER NONPROFIT

HEALTHCARE ORGANIZATIONS TO ADDRESS HEALTH ACCESS. OTHER

PARTNERSHIPS INCLUDE ONE WITH VESPER SOCIETY AND LOS MEDANOS

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COMMUNITY HEALTHCARE DISTRICT TO PROVIDE A COMMUNITY CLINIC FOR

UNINSURED RESIDENTS OF EAST COUNTY AND ANOTHER WITH THE CITY OF

OAKLEY, CONTRA COSTA INTERFAITH SUPPORTING COMMUNITIES ORGANIZATION

(CCISCO), AND LA CLINICA TO DEVELOP A NEW CLINIC FOR OAKLEY.

SDMC'S EMERGENCY DEPARTMENT HAD 54,000 VISITS IN 2009 WITH ABOUT 70%

OF THOSE VISITS FOR NON-EMERGENCY CARE AND HALF OF THOSE BY PEOPLE

WITH MEDI-CAL OR NO INSURANCE. A SEPARATELY LICENSED COMMUNITY

CLINIC PROVIDES URGENT CARE, BREAST CANCER SCREENING, AND DIABETES

EDUCATION TO PEOPLE WITHOUT INSURANCE - 5,679 VISITS IN 2009.

SDMC PLAYS A VITAL ROLE IN THE ECONOMIC LIFE OF EAST COUNTY. IN

ADDITION TO BEING THE PRIMARY HEALTHCARE PROVIDER AND PROVIDING

MILLIONS OF DOLLARS EACH YEAR IN CHARITY CARE AND COMMUNITY BENEFIT,

SDMC IS A MAJOR EMPLOYER IN EAST COUNTY. THE CEO, DIRECTORS, AND

MANAGERS ALL PARTICIPATE IN COMMUNITY ORGANIZATIONS AND SERVICE

CLUBS, RAISING FUNDS FOR NUMEROUS HEALTH AND SOCIAL SERVICE PROGRAMS.

THROUGH THEIR OWN VOLUNTEERISM AND GENEROSITY, THEY ENGAGE OTHERS IN

DONATING TIME AND MONEY ON BEHALF OF HEALTH IMPROVEMENT FOR EAST

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- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COUNTY.

**AFFILIATED HEALTH CARE SYSTEM ROLES:**

SDMC IS PART OF SUTTER HEALTH, A NOT-FOR-PROFIT SYSTEM OF PHYSICIANS,

HOSPITALS AND OTHER HEALTH CARE PROVIDERS. SERVING PATIENTS AND THEIR

FAMILIES IN MORE THAN 100 NORTHERN CALIFORNIA CITIES AND TOWNS,

SUTTER HEALTH AFFILIATES JOIN RESOURCES AND SHARE EXPERTISE TO

ADVANCE HEALTH CARE QUALITY AND ACCESS. SUTTER-AFFILIATED HOSPITALS

ARE REGIONAL LEADERS IN CARDIAC CARE, WOMEN'S AND CHILDREN'S

SERVICES, CANCER CARE, ORTHOPEDICS, AND ADVANCED PATIENT SAFETY

TECHNOLOGY.

SUTTER HEALTH HOSPITALS PLAN AND DELIVER COMMUNITY BENEFIT SERVICES

LOCALLY WITH A FOCUS ON COLLABORATING WITHIN THEIR COMMUNITY TO MEET

IDENTIFIED NEEDS. IN 2009, SUTTER HEALTH AFFILIATES PROVIDED \$667

MILLION IN SERVICES TO THE POOR\* AND BROADER COMMUNITY\*\*. SUTTER

HEALTH FOLLOWS THE NATIONAL STANDARDS FOR COMMUNITY BENEFIT REPORTING

AS OUTLINED IN CHA'S A GUIDE FOR PLANNING AND REPORTING COMMUNITY

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

BENEFIT 2009.

\* SERVICES FOR THE POOR AND UNDERSERVED INCLUDE SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTH CARE BECAUSE OF INADEQUATE RESOURCES AND/OR ARE UNINSURED OR UNDERINSURED, AS WELL AS THE COSTS OF PUBLIC PROGRAMS TREATING MEDICAL AND INDIGENT BENEFICIARIES. COSTS ARE COMPUTED BASED ON A RELATIONSHIP OF COSTS TO CHARGES. SERVICES FOR THE POOR AND UNDERSERVED ALSO INCLUDE THE COST OF OTHER SERVICES FOR INDIGENT POPULATIONS, AND CASH DONATIONS ON BEHALF OF THE POOR AND NEEDY.

\*\* BENEFITS FOR THE BROADER COMMUNITY INCLUDE COSTS OF PROVIDING THE FOLLOWING SERVICES: HEALTH SCREENINGS AND OTHER HEALTH-RELATED SERVICES, TRAINING HEALTH PROFESSIONALS, EDUCATING THE COMMUNITY WITH VARIOUS SEMINARS AND CLASSES, THE COST OF PERFORMING MEDICAL RESEARCH AND THE COSTS ASSOCIATED WITH PROVIDING FREE CLINICS AND COMMUNITY SERVICES. BENEFITS FOR THE BROADER COMMUNITY ALSO INCLUDE CONTRIBUTIONS SUTTER HEALTH MAKES TO COMMUNITY AGENCIES TO FUND CHARITABLE ACTIVITIES.

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

CA,

OMB No. 1545-0047

2009

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.**

▶ Attach to Form 990.

Name of the organization

SUTTER DELTA MEDICAL CENTER

Employer identification number

94-1552887

## Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . .

[illegible]

- |   |  |   |
|---|--|---|
| 2 | Enter total number of section 501(c)(3) and government organizations | 1 |
| 3 | Enter total number of other organizations                            |   |

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) 2009

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

PART 1, LINE 2

THE SUTTER HEALTH SYSTEM HAS AN OVERLAP IN LEADERSHIP WHICH MONITORS THE  
USE OF GRANTS BETWEEN AFFILIATES.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

SUTTER DELTA MEDICAL CENTER

Employer identification number

94-1552887

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☒ Travel for companions

☒ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

- b** If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- 3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

☒ Compensation committee

☒ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?

- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

- 5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?

- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

- 6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?

- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

- 7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

- 8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

- 9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SARAH KREVANS	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 799,001.	432,901.	11,058.	758,776.	18,922.	2,020,658.	221,907.
GARY RAPAPORT	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 336,440.	67,742.	6,742.	227,000.	12,615.	650,539.	32,203.
ED BERDICK	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 798,068.	385,204.	14,096.	852,716.	17,509.	2,067,593.	149,600.
CHRISTINE GREEN	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 151,331.	6,500.	1,796.	49,607.	1,546.	210,780.	6,500.
JULIE PETERSON	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 182,054.	10,900.	179.	57,047.	5,869.	256,049.	10,900.
SUSAN BUMATAY	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 212,731.	12,600.	471.	66,524.	10,678.	303,004.	17,198.
SUSAN SCHULER	(i) 250,812.	0.	1,193.	14,397.	24,586.	290,988.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
STEVEN BILLS	(i) 256,706.	0.	49.	14,397.	17,966.	289,118.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
EARLENE XAVIER	(i) 254,363.	0.	20.	14,397.	7,721.	276,501.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
BONNIE MORGAN	(i) 225,414.	0.	1,619.	13,350.	28,871.	269,254.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
MANDIE YUNG	(i) 222,405.	0.	20.	13,079.	21,675.	257,179.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, QUESTION 1A

RELEVANT INFORMATION REGARDING COMPENSATION ITEMS:

TRAVEL FOR COMPANIONS: OFFICERS AND KEY EMPLOYEES PAID BY SUTTER HEALTH

ARE ELIGIBLE TO BRING A COMPANION ON ONE BUSINESS TRIP PER CALENDAR YEAR

AND HAVE THE COST OF THE AIRFARE AND MEALS PAID FOR BY SUTTER HEALTH. THE

COST IS ADDED TO EMPLOYEE'S WAGES.

TAX INDEMNIFICATION: STANDARD POLICY FOR ALL SUTTER HEALTH EMPLOYEES IS

THAT NON-CASH GIFTS AND AWARDS ARE GROSSED-UP FOR TAX PURPOSES. THE

AMOUNT OF THE GROSS-UP IS ADDED TO THE EMPLOYEE'S WAGES.

PART I, QUESTION 3

SUPPLEMENTAL COMPENSATION INFORMATION:

THE CEO OF THE ORGANIZATION IS AN EMPLOYEE OF SUTTER HEALTH. THE

COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS

ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO

ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED. THE

COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY

OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S

OVERALL MISSION.

PART I, QUESTION 4B

NONQUALIFIED RETIREMENT PLAN:

THE PURPOSE OF THE NONQUALIFIED RETIREMENT PLAN IS TO PROVIDE ADDITIONAL

DEFERRED COMPENSATION BENEFITS TO THE PARTICIPANTS, WHO ARE MEMBERS OF A

SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES, BY PROVIDING

FOR THE PAYMENT OF DEFERRED COMPENSATION AFTER THE COMPLETION OF THE

SPECIFIED NUMBER OF YEARS OF SERVICE.

ANNUALLY, SUTTER HEALTH MAKES A CONTRIBUTION TO EACH PARTICIPANT'S

ACCOUNT BASED ON 4% OF BASE PAY. THERE IS AN ADDITIONAL CONTRIBUTION FOR

EXECUTIVES WHOSE PENSION ELIGIBLE EARNINGS WERE GREATER THAN THE PENSION

PAY CAP IN THE PREVIOUS YEAR. THE CALCULATION IS AS FOLLOWS:

- PENSION ELIGIBLE EARNINGS

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

- LESS PENSION PAYCAP AMOUNT

- TIMES A SPECIFIC % BASED ON YEARS OF SERVICE

THE PENSION RESTORATION PLAN IS DESIGNED TO HELP MAXIMIZE EACH

PARTICIPANT'S RETIREMENT POTENTIAL BY PROVIDING A TARGETED BENEFIT THAT,

ALONG WITH EACH PARTICIPANT'S OTHER RETIREMENT INCOME, PROVIDES: - 65% OF

FINAL 4-YEAR AVERAGE SALARY IF PARTICIPANT RETIRES AT AGE 65 WITH 22.5

YEARS OF SERVICE.

- 50% OF FINAL 4-YEAR AVERAGE SALARY IF PARTICIPANT RETIRES AT AGE 65

WITH 15 YEARS OF SERVICE.

SINCE IT IS A TARGETED BENEFIT, ANNUAL CONTRIBUTION AMOUNTS VARY BASED ON

ASSUMPTIONS MADE TAKING INTO ACCOUNT EACH PARTICIPANTS' AGE, YEARS OF

SERVICE, AND OTHER RETIREMENT ACCOUNT BALANCES.

NAME AND AMOUNT FOR 2009:

SARAH KREVANS \$ 125,300

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

JULIE PETERSON \$ 6,300

GARY RAPAPORT \$ 23,300

SUSAN BUMATAY \$ 7,300

ED BERDICK \$ 198,600

CHRISTINE K GREEN \$ 5,300

PART I, QUESTION 7

NON-FIXED PAYMENTS:

SPOT AWARDS ARE INFREQUENTLY USED TO REWARD EMPLOYEES. THERE ARE NO

SPECIFIC GUIDELINES FOR THE AMOUNT OF THE SPOT AWARD BUT THE AMOUNT TENDS

TO NEVER EXCEED 5% OF GROSS PAY.

**SCHEDULE N**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Liquidation, Termination, Dissolution, or Significant Disposition of Assets**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

SUTTER DELTA MEDICAL CENTER

Employer identification number

94-1552887

**Part I** **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH	01/01/2010	6,271,199.	BOOK VALUE	94-1196176	SUTTER EAST BAY HOSPITALS 2450 ASHBY AVE BERKELEY, CA 94705	501(C)(3)
	PATIENT RECEIVABLES - NET	01/01/2010	22,955,046.	BOOK VALUE	94-1196176	SUTTER EAST BAY HOSPITALS 2450 ASHBY AVE BERKELEY, CA 94705	501(C)(3)
	OTHER RECEIVABLES	01/01/2010	468,848.	BOOK VALUE	94-1196176	SUTTER EAST BAY HOSPITALS 2450 ASHBY AVE BERKELEY, CA 94705	501(C)(3)
	INVENTORIES	01/01/2010	1,709,096.	BOOK VALUE	94-1196176	SUTTER EAST BAY HOSPITALS 2450 ASHBY AVE BERKELEY, CA 94705	501(C)(3)
	PREPAID EXPENSES	01/01/2010	281,519.	BOOK VALUE	94-1196176	SUTTER EAST BAY HOSPITALS 2450 ASHBY AVE BERKELEY, CA 94705	501(C)(3)
	OTHER ASSETS	01/01/2010	625,393.	BOOK VALUE	94-1196176	SUTTER EAST BAY HOSPITALS 2450 ASHBY AVE BERKELEY, CA 94705	501(C)(3)
	FUNDED DEPRECIATION - NET	01/01/2010	20,132,628.	BOOK VALUE	94-1196176	SUTTER EAST BAY HOSPITALS 2450 ASHBY AVE BERKELEY, CA 94705	501(C)(3)
	PROPERTY, PLANT & EQUIPMENT - NET	01/01/2010	57,867,131.	BOOK VALUE	94-1196176	SUTTER EAST BAY HOSPITALS 2450 ASHBY AVE BERKELEY, CA 94705	501(C)(3)
	UNAMORTIZED FINANCING COSTS	01/01/2010	79,663.	BOOK VALUE	94-1196176	SUTTER EAST BAY HOSPITALS 2450 ASHBY AVE BERKELEY, CA 94705	501(C)(3)

2 Did or will any officer, director, trustee, or key employee of the organization:

- a Become a director or trustee of a successor or transferee organization? .....
- b Become an employee of, or independent contractor for, a successor or transferee organization? .....
- c Become a direct or indirect owner of a successor or transferee organization? .....
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? .....
- e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶

	Yes	No
2a	X	
2b		X
2c		X
2d		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule N (Form 990 or 990-EZ) 2009

JSA

9E1302 2.000

SUTTER

**Note.** If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-.

- |    |   |    |   |   |
|----|---|----|---|---|
| 3  | Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III                            | 3  | X |   |
| 4a | Did the organization request or receive a letter from IRS that the organization's exempt status was terminated?                                     | 4a |   | X |
| b  | If "Yes," provide the date of the letter.  . Attach a copy of the letter and, if applicable, the organization's request for the letter.             |    |   |   |
| 5a | Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? | 5a | X |   |
| b  | If "Yes," did the organization provide such notice?   | 5b | X |   |
| 6  | Did the organization discharge or pay all liabilities in accordance with state laws?  | 6  | X |   |
| 7a | Did the organization have any tax-exempt bonds outstanding during the year?   | 7a | X |   |
| b  | Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?                  | 7b |   | X |
| c  | If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.                  |    |   |   |

[illegible]

- |   |   |    |  |
|---|---|----|--|
| 2 Did or will any officer, director, trustee, or key employee of the organization:  |   |    |  |
| a   | Become a director or trustee of a successor or transferee organization?   | 2a |  |
| b   | Become an employee of, or independent contractor for, a successor or transferee organization?   | 2b |  |
| c   | Become a direct or indirect owner of a successor or transferee organization?  | 2c |  |
| d   | Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? | 2d |  |
| e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. |   |    |  |

**Part III** Supplemental Information. Complete to provide the information required by Part I, lines 2e, 7c; Part II, line 2e; and any additional information.

PART I, LINE 1

DISSOLUTION

SUTTER DELTA MEDICAL CENTER TRANSFERRED ALL ITS ASSETS TO SUTTER EAST BAY  
HOSPITALS, A RELATED 501(C)(3) PURSUANT TO A STATUTORY MERGER. SEE  
ATTACHED "AGREEMENT OF MERGER".

PART I, LINE 2A

DIRECTOR OVERLAP

MIKE DAVIES WAS A DIRECTOR OF SUTTER DELTA MEDICAL CENTER (TRANSFEROR).  
HE CONTINUES TO SERVE ON SUTTER EAST BAY HOSPITALS' BOARD OF DIRECTORS  
(TRANSFeree).

CHRISTOPHER BECNEL WAS A DIRECTOR OF SUTTER DELTA MEDICAL CENTER  
(TRANSFEROR). HE CONTINUES TO SERVE ON SUTTER EAST BAY HOSPITALS' BOARD  
OF DIRECTORS (TRANSFeree).

ROGER HENRY WAS A DIRECTOR OF SUTTER DELTA MEDICAL CENTER (TRANSFEROR).  
HE CONTINUES TO SERVE ON SUTTER EAST BAY HOSPITALS' BOARD OF DIRECTORS  
(TRANSFeree).

PART I, LINE 7C

BOND DISCLOSURE

UNDER A MASTER INDENTURE OF TRUST, DATED AS OF AUGUST 1, 1995, AS  
SUPPLEMENTED, SUTTER HEALTH AND CERTAIN OF ITS AFFILIATES, PREVIOUSLY  
INCLUDING SUTTER DELTA MEDICAL CENTER (COLLECTIVELY, THE "OBLIGATED  
GROUP") JOINTLY AND SEVERALLY ARE OBLIGATED TO MAKE PAYMENTS ON  
OBLIGATIONS IN AMOUNTS SUFFICIENT TO PAY WHEN DUE THE PRINCIPAL OF AND

**Part III** **Supplemental Information.** Complete to provide the information required by Part I, lines 2e, 7c; Part II, line 2e; and any additional information.

PREMIUM, IF ANY, AND INTEREST ON BONDS SECURED BY THE RESPECTIVE  
OBLIGATION. CERTAIN FACILITIES OF THE SUTTER DELTA MEDICAL CENTER  
BENEFITTED FROM A PORTION OF THE PROCEEDS OF THE INSURED CERTIFICATES OF  
PARTICIPATION (SUTTER HEALTH), SERIES 1999B (CUSIP 13077TJX6), THE  
"1999 BONDS") AND THE CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT  
AUTHORITY REVENUE BONDS (SUTTER HEALTH), SERIES 2002B (CUSIP 130911LHI)  
(THE "2002 BONDS") AND, TOGETHER WITH THE 1999 BONDS, THE "BONDS". ON  
JANUARY 1ST, 2010, SUTTER DELTA MEDICAL CENTER MERGED INTO SUTTER EAST  
BAY HOSPITALS, A NONPROFIT PUBLIC BENEFIT CORPORATION THAT IS ALSO AN  
OBLIGATED GROUP MEMBER. THE MERGER OF THE ASSETS AND ACTIVITIES OF THE  
SUTTER DELTA MEDICAL CENTER INTO SUTTER EAST BAY HOSPITALS DID NOT RESULT  
IN THE USE IN ANY MANNER OR FOR ANY TRADE OR BUSINESS UNRELATED TO THE  
EXEMPT PURPOSES OF SUTTER EAST BAY HOSPITALS OF ANY FACILITIES FINANCED  
WITH PROCEEDS OF THE BONDS.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

SUTTER DELTA MEDICAL CENTER

Employer identification number

94-1552887

ATTACHMENT 1

FORM 990, PART I, LINE 1 AND PART III, LINE 1

**ORGANIZATION'S MISSION:**

SUTTER DELTA MEDICAL CENTER'S MISSION AS A SUTTER HEALTH AFFILIATE IS TO  
IMPROVE THE HEALTH AND WELL BEING OF EVERYONE WE SERVE THROUGH COMPASSION  
AND EXCELLENCE. SUTTER DELTA MEDICAL CENTER COMMITS TO THIS SYSTEM-WIDE  
VISION, THROUGH A FOCUS ON DESIGNING SERVICES TO MEET COMMUNITY NEEDS; A  
DEDICATION TO SUSTAINING EXCELLENCE IN HEALTHCARE; AND A COMMITMENT TO  
CONSERVING HEALTH CARE RESOURCES.

FORM 990, PART III, LINE 4A

**EXEMPT PURPOSE ACHIEVEMENTS:**

SUTTER DELTA MEDICAL IS A 145 BED MEDICAL FACILITY PROVIDING DIAGNOSTIC  
AND THERAPEUTIC TREATMENT SERVICES FOR THE EASTERN PORTION OF CONTRA  
COSTA COUNTY WHICH INCLUDE THE COMMUNITIES OF ANTIOCH, BRENTWOOD, BYRON,  
DISCOVERY BAY, OAKLEY AND PITTSBURG.

**SERVICES AVAILABLE ON IN AND/OR OUTPATIENT BASIS:**

COMPUTERIZED TOMOGRAPHY

GI/ENDOSCOPY

CARDIAC CATHETERIZATION

MAGNETIC RESONANCE IMAGING

MAMMOGRAPHY

MEDICAL TELEMETRY

LABORATORY AND PATHOLOGY

Name of the organization

Employer identification number

SUTTER DELTA MEDICAL CENTER

94-1552887

ATTACHMENT 1 (CONT'D)

S.P.E.C.T.

PEDIATRICS

NUCLEAR MEDICINE

ULTRASONOGRAPHY

OBSTETRICAL/GYNECOLOGY

DIAGNOSTIC RADIOLOGY

ORTHOPEDICS

CRITICAL CARE

NEWBORN NURSERY (LEVEL 2)

RESPIRATORY THERAPY/PULMONARY FUNCTION

REHABILITATION SERVICES (PT,OT,ST)

MEDICAL/SURGICAL SERVICES INCL. POST ANESTHESIA CARE UNIT

CARDIOLOGY - EKG, ECHOCARDIOGRAPHY (INCLUDING STRESS

ECHOCARDIOGRAPHY-EXERCISE AND PHARMACOLOGICAL), TRANSESOPHAGEAL

ECHOCCARDIOGRAPHY

ENTEROSTOMAL THERAPY - IP &amp; OP

RENAL DIALYSIS (INPATIENT ONLY)

OUPATIENT SERVICES:

AMBULATORY CARE UNIT - "SAME DAY" OPERATIVE/INVASIVE PROCEDURES

24-HOUR EMERGENCY SERVICES

PAIN MANAGEMENT SERVICES

URGENT CARE CLINIC (SERVING UNINSURED)

COMMUNITY EDUCATION SERVICES:

Name of the organization

SUTTER DELTA MEDICAL CENTER

Employer identification number

94-1552887

ATTACHMENT 1 (CONT'D)

THE FOLLOWING ARE PATIENT EDUCATION PROGRAMS THAT SDMC SPONSORS. STAFF

FROM SDMC PARTICIPATE AND PRESENT IN VARIOUS PROGRAMS.

CPR FOR FAMILY &amp; FRIENDS

EXPECTANT PARENT CLASS - READY - SET - DELIVER

SMOKING CESSATION

ABC'S OF CHF

BREAST FEEDING CLASS

WHC TOURS

COPING WITH CARDIAC RISK FACTORS

QUARTERLY WORKSHOPS ON CANCER &amp; DIABETES RELATED TOPICS

"LITTLE HELPER" SIBLING PREPARATION CLASS

ADVANCE DIRECTIVES

DIABETES EDUCATION

55 ALIVE - AARP SENIOR DRIVER SAFETY

COMMUNITY LECTURES:

SENIOR SAFETY &amp; FALL PREVENTION

GETTING THE MOST OUT OF DOCTOR VISITS

WOMEN'S HEALTH

MEN'S HEALTH

BLOOD PRESSURE AND STROKES

SUPPORT GROUPS:

BREAST CANCER

CANCER (GENERAL)

Name of the organization

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94-1552887

ATTACHMENT 1 (CONT'D)

OVEREATER'S ANONYMOUS

BREAST FEEDING-NEW MOMS

GRIEF-ONGOING

AA-OPEN &amp; WOMEN'S ONLY

CHAD - DEFICIT DISORDER (ADULT &amp; CHILDREN)

WEIGHT LOSS SURGERY SUPPORT GROUP

FORM 990, PART VI, QUESTION 7A

THIS CORPORATION IS AN AFFILIATE OF SUTTER HEALTH, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION. SUTTER HEALTH IS THE SOLE MEMBER WITH THE RIGHT TO ELECT AT LEAST A MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, QUESTION 7B

SUTTER HEALTH AS THE SOLE MEMBER OF THE ORGANIZATION IS ENTITLED TO EXERCISE FULLY ALL RIGHTS AND PRIVILEGES OF MEMBERS OF NONPROFIT CORPORATIONS UNDER THE CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW, AND ALL OTHER APPLICABLE LAWS. THE MEMBER HAS THE RIGHTS AND POWERS TO APPOINT (AND REMOVE) MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS, SUBJECT TO THE PROVISIONS OF THE BYLAWS, IN ADDITION, THE MEMBER HAS THE RIGHT TO APPROVE THE FOLLOWING ACTIONS OF THE CORPORATION'S BOARD OR DIRECTORS:

A. MERGER, CONSOLIDATION, REORGANIZATION, OR DISSOLUTION OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY;

B. AMENDMENT OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OR THE

Name of the organization

SUTTER DELTA MEDICAL CENTER

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94-1552887

ATTACHMENT 1 (CONT'D)

BYLAWS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY;

C. ADOPTION OF OPERATING BUDGETS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, INCLUDING CONSOLIDATED OR COMBINED BUDGETS OF THE CORPORATION AND ALL SUBSIDIARY ORGANIZATIONS OF THE CORPORATION;

D. ADOPTION OF CAPITAL BUDGETS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY;

E. AGGREGATE OPERATING OR CAPITAL EXPENDITURES ON AN ANNUAL BASIS THAT EXCEED APPROVED OPERATING OR CAPITAL BUDGETS BY A SPECIFIED DOLLAR AMOUNT TO BE DETERMINED FROM TIME TO TIME BY THE GENERAL MEMBER;

F. LONG-TERM OR MATERIAL AGREEMENTS INCLUDING, BUT NOT LIMITED TO, BORROWINGS, EQUITY FINANCINGS, CAPITALIZED LEASES AND INSTALLMENT CONTRACTS; AND PURCHASE, SALE, LEASE, DISPOSITION, HYPOTHECATION, EXCHANGE, GIFT, PLEDGE, OR ENCUMBRANCE OF ANY ASSET, REAL OR PERSONAL, WITH A FAIR MARKET VALUE IN EXCESS OF A DOLLAR AMOUNT TO BE DETERMINED FROM TIME TO TIME BY THE DIRECTORS OF THE GENERAL MEMBER, WHICH SHALL NOT BE LESS THAN 10% OF THE TOTAL ANNUAL CAPITAL BUDGET OF THE CORPORATION;

G. APPOINTMENT OF AN INDEPENDENT AUDITOR AND HIRING OF INDEPENDENT COUNSEL EXCEPT IN CONFLICT SITUATIONS BETWEEN THE GENERAL MEMBER AND THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY;

Name of the organization

SUTTER DELTA MEDICAL CENTER

Employer identification number

94-1552887

ATTACHMENT 1 (CONT'D)

H. THE CREATION OR ACQUISITION OF ANY SUBSIDIARY OR AFFILIATE ENTITY;

I. CONTRACTING WITH AN UNRELATED THIRD PARTY FOR ALL OR SUBSTANTIALLY ALL OF THE MANAGEMENT OF THE ASSETS OR OPERATIONS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY;

J. APPROVAL OF MAJOR NEW PROGRAMS AND CLINICAL SERVICES OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY. THE GENERAL MEMBER SHALL FROM TIME TO TIME DEFINE THE TERM "MAJOR" IN THIS CONTEXT;

K. APPROVAL OF STRATEGIC PLANS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY;

L. ADOPTION OF QUALITY ASSURANCE POLICIES NOT IN CONFORMITY WITH POLICIES ESTABLISHED BY THE GENERAL MEMBER;

M. ANY TRANSACTION BETWEEN THE CORPORATION, A SUBSIDIARY OR AFFILIATE AND A DIRECTOR OF THE CORPORATION OR AN AFFILIATE OF SUCH DIRECTOR.

IN ADDITION, THE GENERAL MEMBER SHALL HAVE THE AUTHORITY (BY A VOTE OF NOT LESS THAN TWO-THIRDS (2/3) OF ITS BOARD), TO DECLARE A MAJOR ACTIVITY REQUIRING APPROVAL.

FORM 990, PART VI, QUESTION 11

SUTTER HEALTH HAS A CENTRALIZED TAX DEPARTMENT RESPONSIBLE FOR THE PREPARATION OF THE FORM 990. ANNUALLY THE TAX DEPARTMENT PROVIDES TRAINING AND EDUCATION TO AFFILIATE PERSONNEL WHO ASSIST THE TAX

Name of the organization

SUTTER DELTA MEDICAL CENTER

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94-1552887

ATTACHMENT 1 (CONT'D)

DEPARTMENT IN COLLECTING AND REVIEWING DATA TO BE REPORTED ON THE FORM

990. THE PREPARATION MATERIAL IS REVIEWED BY VARIOUS DEPARTMENTS INCLUDING TAX, FINANCE, OFFICE OF THE GENERAL COUNSEL, AND HUMAN RESOURCES. ADDITIONALLY, THE CHIEF FINANCIAL OFFICER SIGNS OFF ON THIS DATA BEFORE THE RETURN GOES TO THE PREPARATION STAGE. A NATIONAL ACCOUNTING FIRM PREPARES AND/OR REVIEWS THE RETURN. A COMPLETED RETURN IS THEN REVIEWED BY THE TAX DEPARTMENT AND THE AFFILIATE WITH THE CHIEF FINANCIAL OFFICER GIVING HIS/HER APPROVAL BEFORE THE RETURN IS FILED.

FORM 990, PART VI, QUESTION 12

EACH INDIVIDUAL BOARD MEMBER AND OFFICER HAS TO SIGN AN ACKNOWLEDGEMENT FORM THAT THEY HAVE READ THE POLICY. ANNUALLY A DISCLOSURE STATEMENT IS COMPLETED BY ALL OFFICERS AND BOARD MEMBERS. ON THIS STATEMENT THE INDIVIDUAL WILL LIST A WIDE RANGE OF INFORMATION WHICH INCLUDES BUSINESS RELATIONSHIPS, EMPLOYMENT RELATIONSHIPS, PROPERTY INTERESTS, AND THOSE OF RELATED PARTIES. THE CEO AND BOARD CHAIR WILL REVIEW THE STATEMENTS AND MONITOR SITUATIONS THAT MAY POSE A POTENTIAL CONFLICT OF INTEREST. THE CEO AND BOARD CHAIR MAY CONSULT WITH THE OFFICE OF THE GENERAL COUNSEL AS NECESSARY. IF THERE IS A POTENTIAL CONFLICT OF INTEREST RELATED TO A PARTICULAR TRANSACTION, THE INTERESTED TRUSTEE MUST DISCLOSE THE EXISTENCE AND NATURE OF THE RELATIONSHIP. THE BOARD CHAIR MAY APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE THE CONFLICT. UNTIL THE POTENTIAL CONFLICT IS RESOLVED, THE BOARD CHAIR MAY REQUEST THE TRUSTEE TO LEAVE THE ROOM OR NOT PARTICIPATE DURING RELATED PRESENTATIONS AND DISCUSSIONS. IN ALL CIRCUMSTANCES INVOLVING AN ACTUAL CONFLICT, THE INTERESTED TRUSTEE SHALL REFRAIN FROM VOTING ON ANY MATTER RELATED TO THE TRANSACTION.

Name of the organization

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ATTACHMENT 1 (CONT'D)

FORM 990, PART VI, QUESTION 15

## PROCESS FOR DETERMINING COMPENSATION:

THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED. THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION.

IN ORDER TO ENSURE EXTERNAL COMPETITIVENESS, NATIONAL, CALIFORNIA AND LOCAL MARKET AREA COMPENSATION DATA COMPARISONS ARE REVIEWED. COMPETITIVE ANALYSIS INCLUDES: (A) BASE SALARY, (B) TOTAL CASH (BASE SALARY + ANNUAL INCENTIVE) AND (C) TOTAL REMUNERATION (BASE SALARY + ANNUAL INCENTIVE + BENEFITS AND LONG TERM INCENTIVE).

THIS ANALYSIS INCLUDES COMPARABLE ORGANIZATIONS AND GEOGRAPHIC CONSIDERATIONS. FOR THE MOST SENIOR EXECUTIVE POSITIONS, NATIONAL COMPARISONS FOR ORGANIZATIONS SIMILAR IN SIZE, SCOPE AND COMPLEXITY AS SUTTER HEALTH ARE MOST APPROPRIATE SINCE IT IS A NATIONAL MARKETPLACE IN WHICH SUTTER COMPETES FOR EXECUTIVE TALENT. ON THE OTHER HAND, BECAUSE CALIFORNIA'S UNDERLYING COMPENSATION STRUCTURE IS HIGHER THAN NATIONAL DATA (ESPECIALLY IN THE BAY AREA), REGIONAL PAY COMPARISONS AND ADJUSTMENTS ARE MADE.

ALL OFFICERS OF THE ORGANIZATION (I.E., CEO, CFO, COO) UNDERGO A REVIEW AND BOARD APPROVAL ANNUALLY. KEY EMPLOYEES AND OTHER EXECUTIVES OF

Name of the organization

SUTTER DELTA MEDICAL CENTER

Employer identification number

94-1552887

ATTACHMENT 1 (CONT'D)

SUTTER HEALTH WHO ARE CONSIDERED DISQUALIFIED PERSONS FOR FORM 990

REPORTING PURPOSES ARE HANDLED IN THE SAME MANNER.

FORM 990, PART VI, QUESTION 19

THE SUTTER HEALTH SYSTEM POSTS ITS CURRENT AND PAST AUDITED FINANCIAL STATEMENTS AT SUTTERHEALTH.ORG. OTHER DOCUMENTS ARE ALSO LOCATED AT THIS WEBSITE INCLUDING THE ANNUAL REPORT, MISSION STATEMENT, HISTORY, AND LINKS TO AFFILIATE WEBSITES.

FORM 990, PART XI, QUESTION 2

ANNUALLY THE SUTTER HEALTH SYSTEM HAS AN AUDIT OF COMBINED BALANCE SHEETS AND STATEMENTS OF OPERATIONS PERFORMED BY INDEPENDENT AUDITORS. AN AUDIT COMMITTEE SELECTS THE AUDITORS AND REVIEWS RESULTS.

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
AGOSTINI AND ASSOCIATES INC 1150 MORAGA WY STE 200 MORAGA, CA 94556	NURSE STAFFING	1,699,787.
COLIN CONSTRUCTION CO INC 111 MARGARET LN GRASS VALLEY, CA 95945	CONSTRUCTION	1,477,857.
TEMPUS LLC DEPT 6221 LOS ANGELES, CA 90084-6221	NURSE STAFFING	1,275,452.
ABLE ENGINEERING SERVICES 868 FOLSOM ST SAN FRANCISCO, CA 94107	ENGINEERING COMPANY	1,177,715.
GALEN INPATIENT PHYSICIANS INC 2100 POWELL ST SUITE 980	MEDICAL SERVICES	932,750.

Name of the organization

SUTTER DELTA MEDICAL CENTER

Employer identification number

94-1552887

ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORSNAME AND ADDRESSDESCRIPTION OF SERVICESCOMPENSATION

EMERYVILLE, CA 94608

TOTAL COMPENSATION

6,563,561.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

- Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

SUTTER DELTA MEDICAL CENTER

Employer identification number

94-1552887

**Part I**

**Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II**

**Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
ADOLESCENT TREATMENT CENTERS, INC. 68-0088443 390 40TH STREET OAKLAND, CA 94609	HEALTH CARE	CA	501 (C) (3)	3	SUTTER EBH
ALTA BATES SUMMIT FOUNDATION 51-0160184 2855 TELEGRAPH AVE #601 BERKELEY, CA 94705	FUNDRAISING	CA	501 (C) (3)	11A	SUTTER EBH
SUTTER EAST BAY HOSPITALS 94-1196176 2450 ASHBY AVE BERKELEY, CA 94705	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH
SUTTER WEST BAY HOSPITALS 94-0562680 2333 BUCHANAN STREET SAN FRANCISCO, CA 94115	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH
CALIFORNIA PACIFIC MEDICAL CTR FOUND. 94-2728423 2015 STEINER STREET, 2ND FLOOR SAN FRANCISCO, CA 94115	FUNDRAISING	CA	501 (C) (3)	11A	SUTTER WBH
DELTA MEMORIAL HOSPITAL FOUNDATION 94-2417022 3901 LONE TREE WAY ANTIOCH, CA 94509	FUNDRAISING	CA	501 (C) (3)	11A	SUTTER DELTA
EAST BAY PERINATAL CENTER 51-0172285 350 HAWTHORNE AVE OAKLAND, CA 94609	HEALTH CARE	CA	501 (C) (3)	3	SUTTER EBH

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
SUTTER CONNECT 68-0209157 10470 OLD PLACERVILLE ROAD SACRAMENTO, CA 95827	HEALTH CARE ADMIN	CA	SUTTER HEALTH	NONPROFIT CORP			

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	X	
<b>b</b> Gift, grant, or capital contribution to other organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from other organization(s)	X	
<b>d</b> Loans or loan guarantees to or for other organization(s)	X	
<b>e</b> Loans or loan guarantees by other organization(s)	X	
<b>f</b> Sale of assets to other organization(s)	X	
<b>g</b> Purchase of assets from other organization(s)	X	
<b>h</b> Exchange of assets	X	
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)	X	
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)	X	
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)	X	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)	X	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets	X	
<b>n</b> Sharing of paid employees	X	
<b>o</b> Reimbursement paid to other organization for expenses	X	
<b>p</b> Reimbursement paid by other organization for expenses	X	
<b>q</b> Other transfer of cash or property to other organization(s)	X	
<b>r</b> Other transfer of cash or property from other organization(s)	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) DELTA MEMORIAL HOSPITAL FOUNDATION	C	221,259.
(2) DELTA MEMORIAL HOSPITAL FOUNDATION	N	121,179.
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.

▶ See instructions for Schedule R (Form 990).

OMB No. 1545-0047

2009

**Open to Public  
Inspection**

Name of filing organization

SUTTER DELTA MEDICAL CENTER

Employer identification number

94-1552887

## Part I

### Continuation of Identification of Disregarded Entities

[illegible]

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R-1 (Form 990) 2009

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
EDEN MEDICAL CENTER 94-2948100 20103 LAKE CHABOT ROAD CASTRO VALLEY, CA 94546	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
MARIN COMMUNITY HEALTH 94-2994751 250 BON AIRE ROAD GREENBRAE, CA 94904	SUPPORTING O	CA	501(C)(3)	11B	SUTTER HLTH
MARIN GENERAL HOSPITAL 94-2823538 250 BON AIRE ROAD GREENBRAE, CA 94904	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
MEMORIAL HOSPITAL LOS BANOS 94-1551464 520 W I STREET LOS BANOS, CA 93635	HOSPITAL	CA	501(C)(3)	3	SUTTER CVH
SUTTER CENTRAL VALLEY HOSPITALS 94-1080917 1700 COFFEE ROAD MODESTO, CA 95355	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
MILLS-PENINSULA HEALTH SERVICES 94-1156265 1501 TROUSDALE DRIVE BURLINGAME, CA 94010	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
MILLS-PENINSULA HOSPITAL FOUNDATION 23-7288765 1501 TROUSDALE DRIVE BURLINGAME, CA 94010	FUNDRAISING	CA	501(C)(3)	11A	MPHS
MILLS-PENINSULA SENIOR FOCUS 94-2663918 1720 EL CAMINO REAL BURLINGAME, CA 94010	HEALTH CARE	CA	501(C)(3)	9	MPHS
PALO ALTO MEDICAL FOUNDATION 94-1156581 2350 EL CAMINO REAL MOUNTAIN VIEW, CA 94040	HEALTH CARE	CA	501(C)(3)	3	SUTTER HLTH
PALO ALTO MEDICAL FOUNDATION HOSPITAL CO 94-2206441 570 WILLOW ROAD MENLO PARK, CA 94025	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER WEST BAY MEDICAL FOUNDATION 94-2948131 2015 STEINER STREET, 1ST FLOOR SAN FRANCISCO, CA 94115	HEALTH CARE	CA	501(C)(3)	3	SUTTER HLTH
SAMUEL MERRITT UNIVERSITY 94-2992642 450 30TH STREET # 2840 OAKLAND, CA 94609	UNIVERSITY	CA	501(C)(3)	2	SUTTER EBH
ST. LUKE'S HEALTH CARE CENTER 51-0201241 3555 CAESAR CHAVEZ STREET SAN FRANCISCO, CA 94110	HEALTH CARE	CA	501(C)(3)	3	SUTTER WBH
SUTTER AMADOR HOSPITAL 68-0291072 200 MISSION BLVD. JACKSON, CA 95642	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER AUBURN FAITH HOSPITAL FOUNDATION 94-2594966 11815 EDUCATION ST. AUBURN, CA 95602	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR
SUTTER COAST HOSPITAL 94-2988520 800 E WASHINGTON BLVD. CRESCENT CITY, CA 95531	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER DAVIS HOSPITAL FOUNDATION 68-0217870 2000 SUTTER PLACE DAVIS, CA 95616	FUNDRAISING	CA	501(C)(3)	11A	SUTTER SSR
SUTTER DELTA MEDICAL CENTER 94-1552887 3901 LONE TREE WAY ANTIOCH, CA 94509	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH

Schedule R-1 (Form 990) 2009

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
SUTTER EAST BAY MEDICAL FOUNDATION 94-2690415 3687 MT. DIABLO BLVD., #200 LAFAYETTE, CA 94549	HEALTH CARE	CA	501 (C) (3)	11A	SUTTER HLTH
SUTTER GOULD MEDICAL FOUNDATION 94-1682256 600 COFFEE ROAD MODESTO, CA 95355	HEALTH CARE	CA	501 (C) (3)	3	SUTTER HLTH
SUTTER HEALTH 94-2788907 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	SUPPORTING O	CA	501 (C) (3)	11C	NA
SUTTER HEALTH PACIFIC 99-0298651 91-2301 FT. WEAVER RD. EWA BEACH, HI, HI 96706	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH
SUTTER HEALTH SACRAMENTO SIERRA REGION 94-1156621 2800 L STREET, 7TH FLOOR SACRAMENTO, CA 95816	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH
SUTTER INSURANCE SERVICES CORPORATION 99-0289310 745 FORT STREET, SUITE 800 HONOLULU, HI, CA 96813	INSURANCE SE	HI	501 (C) (3)	11B	SUTTER HLTH
SUTTER LAKESIDE HOSPITAL 94-1628356 5176 HILL ROAD EAST LAKEPORT, CA 95453	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH
SUTTER MARIN 51-0206463 180 ROWLAND WAY NOVATO, CA 94945	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH
SUTTER MATERNITY SURGERY CTR SANTA CRUZ 68-0279954 2900 CHANTICLEER AVE SANTA CRUZ, CA 95065	HOSPITAL	CA	501 (C) (3)	3	PAMF
SUTTER MEDICAL CENTER FOUNDATION 94-2788906 20130 LAKE CHABOT RD, #103 CASTRO VALLEY, CA 94546	FUNDRAISING	CA	501 (C) (3)	7	SUTTER HLTH
SUTTER MEDICAL CENTER OF CASTRO VALLY 77-0146047 2800 L STREET, #620 SACRAMENTO, CA 95816	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH
SUTTER MEDICAL CENTER OF SANTA ROSA 68-0374805 3325 CHANATE RD SANTA ROSA, CA 95404	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH
SUTTER MEDICAL FOUNDATION 68-0273974 2800 L STREET, 7TH FLOOR SACRAMENTO, CA 95816	HEALTH CARE	CA	501 (C) (3)	11B	SUTTER HLTH
SUTTER NORTH MEDICAL FOUNDATION 94-1080019 969 PLUMAS STREET #205 YUBA CITY, CA 95991	HEALTH CARE	CA	501 (C) (3)	11B	SUTTER HLTH
SUTTER REGIONAL MEDICAL FOUNDATION 20-0078199 2720 LOW COURT FAIRFIELD, CA 94534	HEALTH CARE	CA	501 (C) (3)	3	SUTTER HLTH
SUTTER ROSEVILLE MEDICAL CTR FOUNDATION 68-0040113 ONE MEDICAL PLAZA ROSEVILLE, CA 95661	FUNDRAISING	CA	501 (C) (3)	11A	SUTTER SSR
SUTTER SOLANO CHARITABLE FOUNDATION 94-2668262 300 HOSPITAL DRIVE VALLEJO, CA 94589	FUNDRAISING	CA	501 (C) (3)	11A	SUTTER SOLA
SUTTER SOLANO MEDICAL CENTER 94-1241942 300 HOSPITAL DRIVE VALLEJO, CA 94589	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH

Schedule R-1 (Form 990) 2009

[illegible]

### Part III

[illegible]

## Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)		
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